ETHIOPIA

**A national symposium to boost NTD control**

A national symposium on neglected tropical diseases (NTDs) was held from 12 to 14 June 2013, in Addis Ababa, Ethiopia, under the theme: 'Be aware of NTDs, increase and maintain interest in these diseases.' This meeting was attended by over 400 delegates from the federal government, national and regional offices of WHO and partners such as the United States Agency for International Development (USAID), the Department for International Development from the UK (DFID), the World Bank, the Bill and Melinda Gates Foundation, International NGOs and research institutes and universities.

During this symposium, the national NTD Master plan was launched by Dr. Kesetebrhan Admasu, Minister of Health of Ethiopia. The meeting was also an opportunity to address the promotion of NTD control and elimination, and to strengthen the partnership between government, civil society, academia, and development partners in this field. At the end of the meeting, participants adopted the "Addis Ababa Declaration for the control and elimination of NTDs in Ethiopia" which contains eight major points of engagement.

**Partners’ consultation meeting on the elimination of Onchocerciasis and the launching of two new projects: the Assosa and Kemashi projects**

The shift from Onchocerciasis control to the interruption of its transmission in endemic countries in Africa requires intensified efforts particularly in the following activities: identification of all endemic communities, setting up sustainable Onchocerciasis control programmes, ensuring high geographic and therapeutic coverages of ivermectin, a good and regular supervision of the implementation and monitoring of elimination activities and the integration of CDTI activities in health systems.

That was the purpose of the consultation meeting held on 15 and 16 June 2013 in Addis Ababa. More than 60 participants represented the Federal Ministry of Health, health regions, departments of health zones, Carter Center and Light for the World NGOs, the Institute for triangular cooperation in research, WHO office in Ethiopia, WHO / AFRO Regional Office, APOC, USAID, Merck & Co. Inc. companies, and the Mectizan Donation Program.

During the meeting, the two new Assosa and Kemashi projects, approved by the Technical Consultative Committee in March 2013, were launched. This brings to eleven the total number of CDTI projects in Ethiopia.
Consultation on mapping preventive chemotherapy diseases and NTDs in Africa

A group of experts from WHO / AFRO, APOC, the Mectizan Donation Program, the Centre for Neglected Tropical Diseases, the Institute for triangular research, the Initiative for schistosomiasis control and SightSavers, met in Addis Ababa on June 17, 2013 to complete the development of the mapping of preventive chemotherapy diseases and neglected tropical diseases (NTD-CTP). The discussions focused on: the regional structure adapted to coordinated mapping, updating mapping in Africa as well as the current state of the mapping of lymphatic filariasis, trachoma, schistosomiasis, helminthiases and onchocerciasis, the consolidation of the status of the NTD-PCT mapping, the gap between resources and needs in WHO African Region, the review of plans of action and budgets of NTD-PCT mapping plans, stakeholders' engagement and support for NTD-PCT in Africa.

Participants agreed on the steps to follow for the selection of countries where the mapping should begin, the programming, the funding mechanisms of NTD-PCT mapping in Africa as well as the monitoring mechanisms between WHO / AFRO and its partners, for example, regular teleconferences about national mapping. ♦ Summary by Ida Savadogo and Dr. Afework Tekle

DRC

Bikes and mobile phones revive onchocerciasis elimination in Kasongo CDTI project

In 2012, the Kasongo CDTI project in the Democratic Republic of Congo received support in rolling stock and communication material from the APOC partnership, thus improving the performance of the CDDs belonging to the project area.

Made up of 300 bikes and 300 mobile phones, this gift was intended to: facilitate the work of community directed distributors (CDDs) in delivering Mectizan® from the health centres to the villages where they provide distribution; strengthen the capacity of the CDDs to detect, provide timely information or transport, for the management of moderate and severe adverse effects cases, to the structure of the nearest health care facility, improve the pace and the additional information in the community treatment reports to the health care facility; and also use the phone to respond to other requests from their areas, in response to various health interventions such as neglected tropical diseases, severe malaria, evacuations of acutely ill patients, and women giving birth in difficult situations, etc.

A number of criteria were taken into account in order to get a bike including: seniority in the distribution and achieving good therapeutic coverage in the CDD's village. An average of 30% of the bikes was granted to female CDDs. Although it was not possible to give each distributor a bike or a phone as we wished (the project has more than 7000 of these), this event caused great satisfaction among beneficiaries.

In addition, this material support led to an improvement in the implementation of CDTI. Thus, several CDDs who had abandoned their activities have resumed work with the hope of getting these commodities in the future. In health areas where the distribution was launched, not only the number of CDDs has almost doubled, but also the length of the distribution has significantly diminished from one month to two weeks. CDDs who were absent and those excluded temporarily such as nursing women and patients were easily replaced. However, it should be noted the need to retrain CDDs who are getting back to the job because some of them have completely forgotten the basics of CDTI...
In the same way, the dissatisfaction of some of the best distributors, who were not granted this valuable material in the rural areas due to its inadequate quantity, should be addressed.

However, APOC was profusely thanked for this support, as well as the traditional partner, the United Front Against Riverblindness for gathering the bikes and carrying them to the health areas, and also the local authorities and the person in charge of civil society for protecting the material.

Dr Arthur Nondo, Kasongo Project Coordinator / DRC

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**Portraits**

The portraits of Dr. Evariste Mutaburuka, Acting Director of the Multi-Disease Surveillance Centre (MDSC), retiring, and Koffi Agblewonou Benoit, Budget and Finance Officer of the African Programme Onchocerciasis control (APOC), appointed to Nigeria, presented after those of Amado Congo, in charge of reprography and mail dispatching, and Sébastien Sawadogo, in charge of travel and transport, portraits proposed in the previous edition of your newsletter.

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**Benoît Koffi Agblewonou:**

He has been counting since the time of tales

Benoît Agblewonou Koffi, Budget and Finance Officer, who is leaving the African Programme for Onchocerciasis control for the WHO Representation Office in Nigeria in Abuja, is passionate about figures and management.

Since his father, native of Togo and large cocoa farmer migrated to Ghana, taught him humility, foresight, accounts and the art of organizing at an age when many children simply indulge in the tales of the hare and the tortoise, this expert in techniques of administrative and financial management has not stopped counting. His interest in figures and organization is reflected first in the Church, when it came to doing the count of money collected during Sunday Masses. As a Teenager, he took pleasure in making the correction of all the exercises in the book of physics and chemistry of the tenth grades that he compiled into a brochure for sale across Togo. A brilliant and versatile student, he refused to continue his education in literary majors despite his love and performance in German, and eventually got a Baccalaureate exam, C4 major (Maths - Physics - Chemistry) which opened a royal way to a Higher School of Economy Techniques and Management of Lomé.

With a Master’s degree in Management Sciences, Benoît K. Agblewonu had a three-month internship, leading him to a contract with the World Bank Education Service in Lomé. This was the beginning of a successful career that went through multiple training in the procedures of management and disbursement of funds at the World Bank and at the International University of La Francophonie, Senghor University in Alexandria, Egypt, and also in Action Research in cooperative management at the Guy Bernier Cooperation Chair at the University of Quebec in Montreal, Canada. Back to his country in 1994, he got back to his position at the World Bank before resigning in 1995 to provide services, for seven years, to the Democratic Organization of African Workers’ Union, then he worked for two years at the WHO Representation Office in Togo as Officer, before his arrival in APOC where, in nine years of hard work, his signature on the management of accounts has been worth its weight in gold.
Evariste Mutabaruka: The multi-skilled expert leaves bureaucracy

The time to retire has come for Dr. Evariste Mutabaruka. When asked to define himself, he claims to be a "Christian believer and practitioner who has been very lucky in his life with an exciting and fulfilling career." With infinite precision and eloquence inherited from his training in Latin and Greek letters, the person who worked as Acting Director of the Multi-Disease Surveillance Centre (MDSC) speaks of his successful career with pride.

Thirty years of studies and thirty other years of professional life have given him several strings to his bow. Baccalaureate holder at 19 years old, teacher of chemistry-biology-physics at age 22, Medical Doctor at age 31, educated in Rwanda and Canada respectively, he became an official of the Government of Rwanda and at the same time, a national consultant and international consultant for WHO, the World Bank, USAID, UNFPA and Johns Hopkins Program for International Education in Gynecology and Obstetrics. From 1988 to 1991, he led a training project in the management of health services in the Democratic Republic of Congo. He also had some consultations in Côte d'Ivoire, Senegal and Chad between 1991 and 1993. He taught and managed the Reform of the medical studies in Côte d'Ivoire and Niger between 1995 and 2000. He has been responsible for the Capacity Building for Immunization in WHO/ African Region since 2001.

If Dr. Mutabaruka's career has been so dense and varied, things have not always been easy. After a smooth childhood and adolescence marked by academic success in his native Rwanda and elsewhere, he was confronted in the 1994 with the genocide that killed some of his family members. So he had to save his life and that of his family, through the bumpy tracks leading to Burundi through the Democratic Republic of Congo. Then, passing through Kenya, he migrated to Côte d'Ivoire, bruised by the echoes of the atrocities of the clashes that came from the country. Nevertheless, life has to continue and efforts have to be made to try and forget, while focusing intensely on one's job as international consultant, trainer in the health sciences in many sub-Saharan African countries.

Dr. Mutabaruka has always been driven by a passion to coach human-beings. And since the work is a collective task, on April 1, 2009, upon his arrival at MDSC, his new collaborators were quickly put to a severe test: writing projects for resource mobilization, seeking good results and visibility must be quickly mastered by all. Being a constraint and the cause of his white hair and baldness, the rigor of the Director eventually has become a source of satisfaction that is provided by a job well done. This is the brand left by the « Professor » , also known as DC for Course Director.

While in retirement, he plans to share his time between playing the guitar, enjoying family life, practicing amateur sport, and having some international consultations in the field of capacity building in public health. T.B.

Benoit K. Agblewonu has always had high work intensity, and a great capacity for recovery that enables him to stand little sleep. But he knows how to enjoy his free time between table tennis, listening to jazz, the Rotary Club and hiking in the company of his wife and their children. He also shows self-confidence regarding his relationship with money. Having managed such amounts of money and wealth did not make him lose touch with the reality of life. He has kept this saying by his beloved father that « The most important thing is not the money gathered from the sale of cocoa, but what is done with it to ensure the future because cocoa-tree ends up dying one day! ». Thérèse Belobo

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